

PEACE CORPS MEDICAL OFFICER APPLICATION FORM

Name _____

SSN _____ Date of birth _____ Place of birth _____

Citizenship _____

Address _____

E-mail address _____

Telephone (Day) _____ (Evening) _____

Available date _____

Passport Information:

Passport Issuing Country _____

Passport Number _____

Passport issue date _____

Passport expiration date _____

1. List and attach a detailed description of all work experience over the past ten years, accounting for any periods of unemployment longer than three months. You may attach a signed resume or CV if it contains all the information requested below, including:

- work experience for the past ten years, including your current position
- full description of duties and responsibilities for each position
- start and end dates for each position held
- salary for each position
- number of persons supervised
- whether full or part time
- reason for leaving
- names and telephone numbers of supervisors
- volunteer positions
- languages spoken

2. **LICENSES** (Include photocopies of all current, active licenses.)

Professional Title and License number	State, Country	Issue Date	Expiration Date (If there is no expiration date, include an explanation).

3. CERTIFICATIONS (Include photocopies of all current certifications.)

Professional Title	Certifying Authority	Issue Date	Expiration Date

4. EDUCATION AND TRAINING

Please list the undergraduate, graduate, nursing, or medical school you attended, dates attended, and degrees received. Include all physician internships, residencies, and fellowships. If this information is already included in the resume or C.V. you are attaching, it is not necessary to repeat it here.

NAME AND ADDRESS OF INSTITUTION	FROM-TO	DEGREE	DATE AWARDED

5. Please answer the following questions. If you answer yes to any question, please include a typewritten explanation on a separate page.

1. Has your license, certificate or registration to practice medicine or nursing ever been denied, revoked or restricted? yes ____ no ____
2. Is an action against your license, registration, or certificate pending at this time? yes ____ no ____
3. Have your privileges, membership, or employment at any hospital, medical

or nursing institution ever been denied or suspended?

yes _____ no _____

4. Is any action pending that would deny or suspend your privileges, membership or employment at a hospital, medical or nursing institution ?

yes _____ no _____

5. Do you have a substance use history that may impair your ability to serve as a medical officer?

yes _____ no _____

6. Has your narcotics license ever been restricted in any manner?

yes _____ no _____

7. Have you ever been convicted of a criminal offense?

yes _____ no _____

8. Are any legal actions against you pending at this time?

yes _____ no _____

9. Have you ever been named a defendant in a malpractice action?

yes _____ no _____

10. Have you ever been denied malpractice insurance or had your malpractice insurance canceled?

yes no

11. Have you ever received other than an honorable discharge from the military?

yes _____ no _____

12. In the last 5 years have you:

- been fired from a job?
- quit after being told you would be fired?
- left a job by mutual agreement following allegation of misconduct?
- left by mutual agreement following allegation of unsatisfactory performance?
- left a job for other reasons under unfavorable circumstances?

yes _____ no _____

13. Please account for any periods of unemployment longer than three months.

Please use this space for explanation of any "yes" answers. Attach additional pages if necessary.

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14. French fluency? yes____ no____ some knowledge ____

15. Non-US Citizens

Have you ever been denied a US visa?

Do you anticipate that you would have any difficulty obtaining a US visa?

6. REFERENCES

List names, addresses and telephone numbers of three professional references, one of whom is or was your immediate supervisor for the longest period during the past five years. Please contact them and ask them to write a letter of reference. Include the three reference letters in your application packet.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I consent to the release of information about me, and release from any liability for their statements all persons, corporations, and other entities who submit information to the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information that will help Peace Corps evaluate my professional competence, character, ethics, and other qualifications, and to resolve any doubts about my qualifications. I agree that I, as an applicant for affiliation with the Peace Corps, have the burden of producing and for resolving any doubts about such qualifications. If asked by Peace Corps, I consent to an interview to evaluate my professional and other qualifications. I understand that this information will be kept in confidence by the Peace Corps.

I certify that, to the best of my knowledge and belief, all of my statements made on this form, as well as on my resume or CV, and on all other documents submitted in connection with this application are true, correct, complete, and made in good faith.

Signature of applicant_____Date:_____

Name_____

V. PCMO APPLICANT SKILLS SURVEY

Name _____ Date _____

Indicate your comfort level with each of the skills listed below by typing or printing an **X** in the appropriate column.

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
I. Health Education and Prevention				
Individual patient education				
Planning and conducting group health education sessions (PST, IST, COS)				
Development of health education handouts and newsletters				
Administration of immunizations (IM, SC)				
Indications and contraindications for immunization for:				
MMR, polio, tetanus				
Hepatitis B				
Typhoid, meningitis				
Administration and interpretation of PPD skin test (intradermal)				
INH therapy for PPD converters				
Selection of malaria prophylaxis				
II. Clinical Care				
Medical history for common health problems				
Comprehensive medical history and review of systems				
Comprehensive physical examination				
Monitoring and management of stable, chronic conditions				
Coordinate referrals to specialist(s)				
Evaluation and stabilization for acute, severe illnesses				
Evaluation and stabilization for major trauma				
SOAP note documentation				

Name _____ Date _____

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
Specific examination skills:				
Retinal (ophthalmoscopic)				
Ear canal and drum				
Oral exam (acute dental pain)				
Chest (percussion and auscultation)				
Cardiac (murmurs)				
Breast				
Abdominal tenderness or masses				
Rectal and prostate				
Vaginal - visualization of cervix, PAP				
Vaginal - uterus, tubes, ovaries				
Basic exam of major joints (shoulder, knee, etc.)				
Neurologic status				
Mental status				
Phlebotomy (venous blood samples)				
Administer IM medications				
Administer IV medications				
Insert IV catheters				
Select and administer IV fluids				
Insert urethral catheters				
Incision and drainage of abscesses				
Basic suturing				
Biopsy (simple) of skin lesion				
Application of casts and splints				
Record ECGs				
Interpret:				
Lab reports (chemistry, serology, hematology)				
Chest xray films				
Xray films of common fractures/etc				
ECG tracings				
Contraceptive counseling				
STD/HIV risk counseling				

Name _____ Date _____

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
Clinical management of:				
Common skin disorders				
Abrasions and burns				
Upper respiratory tract infections				
Allergic rhinitis				
Asthma (outpatient)				
Pneumonia				
Hypertension				
Diarrhea				
Gastroenteritis/gastritis				
Urinary tract infections				
Menstrual disorders				
Prenatal care (uncomplicated)				
Vaginal discharge				
STDs				
Forensic evidence collection post sexual assault				
Musculoskeletal back pain				
Minor orthopedics				
Anemia				
Diabetes				
Hypothyroidism				
Seizure disorders				
Acute febrile illness				
Pulmonary TB (active)				
In general, do you provide or prescribe medications for the above conditions:				
via written guidelines				
via consultation with MD				
via personal knowledge and experience				
III. Mental Health Support				
Evaluation/limited counseling for:				
Interpersonal problems				
Anxiety				
Depressed mood				
Alcohol or drug abuse				

Name _____ Date _____

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
Acute depression				
Panic attacks				
Suicidal ideation				
Psychosis				
IV. Administration and Program Management				
Maintaining medical confidentiality				
Planning and budgeting				
Medical supplies and pharmacy inventory management				
Hospital/clinic assessment				
Physician/consultant assessment				
Planning and conducting prevention programs (screening programs, smoking cessation, etc.)				
Reporting of cases for epidemiological/public health analysis				

Additional comments:



Privileges for Peace Corps Medical Officers-- Physicians

Name: _____
Please Print Your Name and Credentials Country

PRIVILEGES REQUESTED

- ☐ **Core Privileges** – Privileges to perform duties that fall within the typical scope of a MD or DO.

QUALIFICATIONS FOR PRIVILEGES

To be eligible for core privileges, the MD or DO applicant must meet the following qualifications:

- Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; **OR**
- A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States, plus Education Commission Foreign Medical Graduate (ECFMG) certification and/or graduation from a school listed in the Foundation for Advancement of International Medical Education and Research (FAIMER)
<http://www.faimer.org/resources/imed.html>
- Validation of foreign medical school accreditation
- Valid clinical MD or DO licensure
- Applicable knowledge and experience

CORE PRIVILEGES

Privileges included in the Core: **

Privileges that fall within the typical scope of a MD or DO practice include:

*(**Please strike out any non-proficient privileges)*

- | | |
|---|---|
| <ul style="list-style-type: none">• Patient triage• Initiate life support when necessary• Maintain an adult immunization program• Maintain current, complete clinical records in SOAP• Adhere to Peace Corps Medical Technical Guidelines• Accompany medevacs when indicated• Provide emotional support and short-term counseling• Provide health education to Trainees/Volunteers• Perform administrative functions of the health unit• Accrue 20 or more hours of continuing education annually• Perform comprehensive patient history taking and physical exams including pelvic exams/ pap smears• Assess, diagnose, and manage acute and chronic clinical issues• Toenail Removal• Anoscopy | <ul style="list-style-type: none">• Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines• Serve as a clinical prescriber for PCMO-RNs• Serve as a clinical advisor for PCMO-NPs or PAs• Peripheral venipuncture for lab work and IV administration of meds• PPD placement and reading• Preparation of thick and thin malaria smears• Pulse oximeter and PEAK flow reading• EKG tracing and interpretation• Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.• Basic microscopy including UAs, wet mounts, stool• Urethral catheterization• Local infiltration anesthesia• Simple laceration repair/I & D's• Punch/Excisional/Shave biopsy• Needle aspiration for culture• Wart ablation on extremities• IUD removal |
|---|---|

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges you are requesting.**

ACKNOWLEDGEMENT OF PRACTICIONER

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to function as a Peace Corps Medical Officer and a MD or DO.

I understand that in conducting any clinical privileges granted, I am constrained by the Peace Corps Office of Health Services policies and rules.

Applicant Signature: _____
Please Sign Your Name

Date

CLINICAL SERVICE RECOMMENDATION

Core Clinical Privileges

- ☐ Approved with modification(s) (specify below)
- ☐ Approved as requested
- ☐ Denied

~~I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:~~

Signature
Chair, Credentialing Committee

Date

Signature

Date

Medical Director, Office of Health Services